



Workers' Compensation Advisory Committee – Subcommittee on Health Care

COMMITTEE CHARTER

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VERSION 1.~~20~~ DRAFT

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Document Revision History

Version Number	Date	Description
1.0	1/6/2012	Initial Draft
1.1	1/10/2012	DRAFT - modifications based on 1/6/2012 WCAC-HC meeting
<u>1.2</u>	<u>1/30/2012</u>	<u>Add communications chart</u>

DRAFT

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Background of L&I

The Department of Labor and Industries (L&I) is one of the largest workers' comp insurance providers in the United States, covering about 2.3 million workers and acting as the sole provider of workers' compensation insurance for nearly all of Washington's approximately 165,000 employers (fewer than 400 are large enough to be self-insured). A staff of 1,000 employees provides a full range of services, including claim management, actuarial services, development and maintenance of risk classifications, and administration of employer accounts. Most workers' compensation services operate out of agency headquarters near the state capital of Olympia, WA.

Background of WCAC-HC

In 1992, the Workers' Compensation Advisory Committee (WCAC), an advisory committee of representatives of business, labor, and Board of Industrial [Insurance Appeals](#), sponsored the creation of a subcommittee (WCAC-HC) focused on the development of the COHEs and the establishment of occupational health best practices. In 2009, the WCAC approved a WCAC-HC recommendation to expand the COHEs as an L&I Program.

The 2011 Washington Legislature passed [SSB 5801 Chapter 6, 2011 laws](#) which reforms workers' compensation. The legislative mandate includes the expansion of the COHE infrastructure statewide and the promotion of additional occupational health best practices and incentives that address the full period of recovery. [The legislation also mandates the creation of a Provider Network Advisory Group to advise L&I on the development of the provider network. Members of the Provider Network Advisory Group were selected by the Industrial Insurance Medical Advisory Committee \(4 representatives\), the Industrial Insurance Chiropractic Advisory Committee \(2 members\), and the Workers' Compensation Advisory Committee \(2 business and 2 labor representatives\).](#)

[L&I created the Occupational Health Services unit in the Health Services Analysis section to oversee programs related to best practices and incentives for health care providers. The unit is currently responsible for the expansion of the COHE program, development of the top tier of the provider network and piloting new occupational health best practices. A occupational health services program to include all occupational health services including COHE expansion and access to COHE for all injured workers in the state by 2015.](#)

Charter Purpose

The purpose of this committee charter is to refine and reinforce the structure and purpose of the WCAC-HC [including scope of committee to advise on all occupational health services and occupational health best practices at Department of Labor and Industries.](#)

Committee Goals/Scope

The goals for the WCAC-HC include:

1. Expand capacity and improve quality of occupational health best practices for both primary and specialty care
2. Improve provider accountability for delivery of efficient and effective care
3. Enhance workers' and employers' satisfaction by continuously improving the medical care provided, coordination of health care, and the processes developed by the Occupational Health

Services program. This Program includes COHE Expansion, Surgical Best Practices¹, Emerging Best Practices, and Top Tier.

4. Retain the voluntary nature of the workers' current ability to select providers
5. Increase providers' satisfaction [and enhance participation](#) with the workers' compensation system
6. Use incentives to encourage and enhance the use of occupational health best practices and increase participation by providers
7. Improve injured worker and overall system outcomes using continuous quality improvement
8. Advise on the COHE state wide expansion
9. Advise on the testing and implementation of emerging best practices that span the full period of recovery
10. Advise on the establishment of additional provider incentive based programs

¹ Best practices pilots with surgeons (example: Ortho-Neuro pilot)

Committee Roles & Scope

Roles:

1. The subcommittee will advise the long-term planning and policy direction of the Occupational Health Services program.
- ~~1-2. Subcommittee will ensure coordination and communication with other advisory committees and boards to L&I; including IIMAC, and IICAC, and COHE Business and Labor Advisory Boards.~~
- ~~2-3. Subcommittee recommendations will use the consensus decision-making model. The definition of consensus is "everyone agrees to support or stay neutral on a recommendation." L&I retains decision-making decision-making authority over the Occupational Health Services program. L&I will inform and obtain input from the WCAC-HC on some of these decisions.~~
- ~~3. As issues and concerns arise, all parties are encouraged to bring them to the attention of the appropriate teams and/or committees.~~
 - ~~a. Local community business and labor concerns about a specific COHE issue should normally first be brought to the respective Business and Labor Advisory Board for the COHE. If the issue is not satisfactorily resolved, it should be brought to the attention of the OHS program manager who will decide the next course of action.~~
 - ~~b. Broader concerns related to long-term planning and policy direction for the overall project should be brought to the OHS program manager who will decide the next course of action.~~
4. Labor core interests include:
 - a. Injured worker is better off long-term.
 - b. Use information collected through COHEs to reduce or prevent injuries and illnesses.
5. Business core interests include:
 - a. Sustained changes in provider behavior that improves outcomes.
 - b. Incorporate COHE best practices into a regular workers' compensation process, eliminating pilot approach when appropriate.
 - c. Make sure we are serving all groups (e.g., SI employers, Retrospective Ratings and non-Retrospective Ratings employers, small businesses, etc.).
 - d. Return workers to work more quickly, as appropriate.
 - e. Sustain and improve the cost decreases.
6. Labor & Industries core interests include:
 - a. Foster community-wide and state-wide health care quality improvement for injured workers.
 - b. Improve worker outcomes and reduce disability.
 - c. Develop solutions based on evidence.
 - d. Improve workers' compensation system performance.
 - e. Increase provider willingness to treat injured workers.

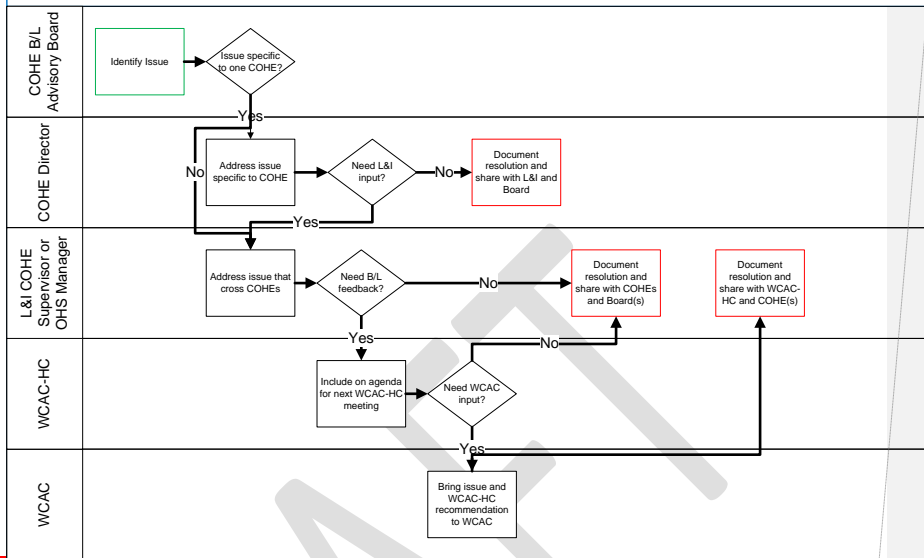
Comment [KMA1]: Labor will review and possibly update interests to include worker access to care.

Comment [KMA2]: Business will review and possibly update interests

Comment [KMA3]: L&I may review and possibly update interests

Communication and Coordination of COHE Issues

Field Code Changed



Committee scope is addressed through the WCAC HC Work Plan (Attachment A).

Committee Organization

This section of the document describes project organization and identifies the stakeholders who will need to know committee status.

Executive Sponsorship

Dr. Gary Franklin, Labor & Industries' Medical Director, is the Chair of this committee. Dr. Franklin and Janet Peterson, Health Services Analysis Program Manager, are the Executive Sponsors of this committee.

Primary Participants

All parties recognize that labor, business, and L&I may have unique interests of their own. These are in development by each caucus and are refined by the collaborative process.

The committee consists of:

- Four representatives from business,
- Four representatives from labor,
- One representative from the Board for Industrial Insurance Appeals (BIIA), and
- Four representatives from Labor & Industries

Meeting Protocols

Agreed upon meeting protocols include:

- The subcommittee meetings should not be scheduled during legislative session.
- There should be a lag of at least one week between the end of legislative session and the resumption of Subcommittee meetings.
- Subcommittee meetings will be held if two members of each caucus are present.
- If a Subcommittee member cannot make a meeting, they can send a substitute.
- Meetings may be recorded to assist with accurate minute taking. However, anybody can go off-the-record at anytime (meaning the recording is turned off at that time). It is the responsibility of each participant to state explicitly that they are going off-the-record.
- Members are free to state their opinions. However, nothing can be attributed to the organization unless that person specifically states that it was an “official organization position.”
- L&I will publish (on its website) the Committee’s approved meeting minutes for committee reference.
- Recommendations should be reported to the WCAC for confirmation by the OHS program manager. Any member of the WCAC-HC can identify issues to be addressed by the WCAC. These recommendations and issues will be identified at the end of each WCAC-HC meeting.
- L&I and the members of the Subcommittee will periodically assess whether this Committee Charter are working well and make improvements as needed.
- Standing agenda items will include:
 - COHE executive summaries
 - Program status reports
 - Items brought forward from the COHE Business & Labor Advisory Boards
 - Communication to the COHE Business & Labor Advisory Boards and/or WCAC

Project Key Milestones

This section includes the committee's major milestones:

- COHE access to 50% of injured workers by December 2013
- COHE access to 100% of injured workers by December 2015
- Providers within the L&I provider network become eligible to receive top tier incentives by July 1, 2013

Committee Agreement

The signatures below indicate all listed parties approve the Committee Charter.

Committee Executive Sponsor (Dr. Gary Franklin)	Date
Committee Executive Sponsor (Janet Peterson)	Date
Business Caucus Representative	Date
Labor Caucus Representative	Date
BIIA Representative	Date